

FCC Form 481 - Carrier Annual Reporting Data Collection Form	<small>FCC Form 481 OMB 3060-0986 OMB 3060-0819 Avg. Burden Estimate per Respondent: 20 Hours</small>
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<010> Study Area Code	341020
<015> Study Area Name	Grafton Telephone Company
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Leigh Sickinger
<035> Contact Telephone Number: Number of the person identified in data line <030>	618-786-3400
<039> Contact Email: Email of the person identified in data line <030>	lsickinger@gtec.net

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<small>(check box when complete)</small>				
<100> Service Quality Improvement Reporting	<small>(complete attached worksheet)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	<small>(complete attached worksheet)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<small>(attach descriptive document)</small>			
<320> Unfulfilled Service Requests (broadband)				
<330> Detail on Attempts (broadband)	<small>(attach descriptive document)</small>			
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0			
<420> Mobile				
<430> Number of Complaints per 1,000 customers (broadband)				
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	<small>(check to indicate certification)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<small>(attach descriptive document)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<small>(check to indicate certification)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<small>(attach descriptive document)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<small>(complete attached worksheet)</small>			
<710> Company Price Offerings (broadband)	<small>(complete attached worksheet)</small>			
<800> Operating Companies and Affiliates	<small>(complete attached worksheet)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	<small>(if yes, complete attached worksheet)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	<small>(check to indicate certification)</small>			
<1010>	<small>(attach descriptive document)</small>			
<1100> Terrestrial Backhaul (Y/N)?	<small>(if not, check to indicate certification)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	<small>(complete attached worksheet)</small>			
<1200> Terms and Condition for Lifeline Customers	<small>(complete attached worksheet)</small>			<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	<small>(check to indicate certification)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	<small>(complete attached worksheet)</small>			

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<small>(check to indicate certification)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	<small>(complete attached worksheet)</small>			

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	341020
<015>	Study Area Name	Grafton Telephone Cc
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Leigh Sickinger
<035>	Contact Telephone Number - Number of person identified in data line <030>	618-786-3400
<039>	Contact Email Address - Email Address of person identified in data line <030>	lsickinger@gtec.net
<110>	Has your company received its ETC certification from the FCC?	Yes
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	No

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony service

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

Name of Attached Document (.pdf)

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<010>	Study Area Code	341020
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<035>	Contact Telephone Number - Number of person identified in data line <030>	618-786-3400
<039>	Contact Email Address - Email Address of person identified in data line <030>	lsickinger@gtec.net
<810>	Reporting Carrier	Grafton Telephone Company
<811>	Holding Company	Grafton Communications, Inc.
<812>	Operating Company	Grafton Telephone Company

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**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	341020
<015>	Study Area Name	Grafton Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Leigh Sickinger
<035>	Contact Telephone Number - Number of person identified in data line <030>	618-786-3400
<039>	Contact Email Address - Email Address of person identified in data line <030>	lsickinger@gtec.net

<910> Tribal Land(s) on which ETC Serves _____

<920> Tribal Government Engagement Obligation _____

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

(1110) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986
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	July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	lsickinger@gtec.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986
	OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	341020
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<039>	Contact Email Address - Email Address of person identified in data line <030>	lsickinger@gtec.net

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	<u>341020i11210.pdf</u> Name of attached document (.pdf)
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<1220>	Link to Public Website	HTTP http://graftontel.com/page4.html
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Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="checked" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="checked" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="checked" type="checkbox"/>

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986

OMB Control No. 3060-0819

July 2013

<010>	Study Area Code
<015>	Study Area Name
<020>	Program Year
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line <030>

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	<input type="text"/>
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(3005) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986

OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	lsickinger@gtcc.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

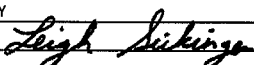
Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011)	Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(iii)}	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input checked="" type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input checked="" type="checkbox"/> (Yes/No)
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		X
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input checked="" type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input checked="" type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input checked="" type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	341020i13026.pdf

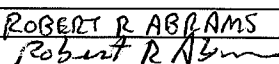
Certification - Agent / Carrier Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986
	OMB Control No. 3060-0819
	July 2013

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<039> Contact Email Address - Email Address of person identified in data line <030>	lsickinger@gtcc.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
<p>I certify that (Name of Agent) KIESLING ASSOCIATES, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.</p>		
<p>Name of Authorized Agent: KIESLING ASSOCIATES, LLP</p>		
<p>Name of Reporting Carrier: GRAFTON TELEPHONE COMPANY</p>		
<p>Signature of Authorized Officer:</p>		<p>Date: 10/11/2013</p>
<p>Printed name of Authorized Officer: LEIGH SICKINGER</p>		
<p>Title or position of Authorized Officer: VICE PRESIDENT</p>		
<p>Telephone number of Authorized Officer: 618-786-3400</p>		
<p>Study Area Code of Reporting Carrier:</p>	<p>341020</p>	<p>Filing Due Date for this form: 10/15/2013</p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
<p>I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.</p>		
<p>Name of Reporting Carrier: GRAFTON TELEPHONE COMPANY</p>		
<p>Name of Authorized Agent or Employee of Agent: KIESLING ASSOCIATES, LLP</p>		
<p>Signature of Authorized Agent or Employee of Agent: KIESLING ASSOCIATES, LLP</p>		<p>Date: 10/11/2013</p>
<p>Printed name of Authorized Agent or Employee of Agent: REGULATORY CONSULTANT</p>		
<p>Title or position of Authorized Agent or Employee of Agent: REGULATORY CONSULTANT</p>		
<p>Telephone number of Authorized Agent or Employee of Agent: 608-664-9110</p>		
<p>Study Area Code of Reporting Carrier:</p>	<p>341020</p>	<p>Filing Due Date for this form: 10/15/2013</p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>		

FCC Form 481 – Line 510 Service Quality Certification Description

SAC: 341020
State: IL
Name: Grafton Telephone Company
Submission: 10/15/2013

47 CFR §54.313(a)(5) requires an ETC to certify that it complies with applicable service quality standards and consumer protection rules.

Grafton Telephone Company complies with applicable service quality standards for local exchange telecommunications carriers in Title 83 the Illinois Administrative Code (*ILGA §730, Subpart E*) which includes adequacy of service, answer time, service interruptions, outages and notifications.

Grafton Telephone Company complies with consumer protection requirements including those found in federal Customer Proprietary Network Information (*CPNI; WC Docket No. 04-36*), and those of the Title 83 the Illinois Administrative Code (*ILGA §732*), covering local exchange service obligations, payment and billing practices, customer credit and reimbursement procedures, customer education programs, and (*ILGA §755*) requirements for telecommunications access for persons with disabilities.

Grafton Telephone Company certifies it has complied with these requirements and will continue to comply with these requirements.

341020il510.pdf



**State of Illinois
Illinois Commerce Commission
Service Quality and Customer Credit Reporting
Quarterly Filing**

**Grafton Telephone Company
for Filing Period 4/1/2013 to 6/30/2013
Tracking Number 5273**

Performance Data - Code Part 730

	April	May	June	Quarterly Average
A. Operator Answering Time - Toll and Assistance Section 730.510(a)(1)	3.60	2.40	1.70	2.57
B. Operator Answer Time - Information Section 730.510(a)(1)	3.20	3.20	3.00	3.13
C. Repair Office Answer Time Section 730.510(b)(1)	4.16	4.54	4.00	4.23
D. Business or Customer Service Answer Time Section 730.510(b)(1)	4.16	4.54	4.00	4.23
E. Percent of Service Installations Section 730.540(a)	100.00 %	100.00 %	100.00 %	100.00 %
F. Percent of Out of Service Lines Repaired in < 24 hours Section 730.535(a)	100.00 %	100.00 %	100.00 %	100.00 %
G. Trouble Reports per 100 Access Lines Section 730.545(a)	0.13	1.13	1.24	0.83
H. Percent Repeat Trouble Reports Section 730.545(c)	0.00 %	0.00 %	0.00 %	0.00 %
I. Percent of Installation Trouble Reports Section 730.545(f)	0.00 %	0.00 %	0.00 %	0.00 %
J. Missed Repair Appointments Section 730.545(h)	0	0	0	0
K. Missed Installation Appointments Section 730.540(d)	0	0	0	0

Credit due in accordance with Section 732.30(a)

Out of Service More Than 24 Hours	April	May	June	Totals
A. Total dollar amount of all customer credits paid	\$0.00	\$0.00	\$0.00	\$0.00
B. Number of credits issued for repairs - 24-48 hours	0	0	0	0
C. Number of credits issued for repairs - 48-72 hours	0	0	0	0
D. Number of credits issued for repairs - 72-96 hours	0	0	0	0
E. Number of credits issued for repairs - 96-120 hours	0	0	0	0
F. Number of credits issued for repairs > 120 hours	0	0	0	0
G. Number of exemptions claimed for each of the categories identified in Section 732.30(e)	0	0	0	0
H. Number of customers receiving alternate phone service rather than receiving a credit	0	0	0	0

Credit due in accordance with Section 732.30(b)

Failure to Install Basic Local Exchange Service	April	May	June	Totals
A. Total dollar amount of all customer credits paid	\$0.00	\$0.00	\$0.00	\$0.00
B. Number of installations after 5 business days	0	0	0	0
C. Number of installations after 10 business days	0	0	0	0
D. Number of installations after 11 business days	0	0	0	0
E. Number of exemptions claimed for each of the categories identified in Section 732.30(e)	0	0	0	0
F. Number of customers receiving alternate phone service rather than receiving a credit	0	0	0	0

Credit due in accordance with Section 732.30(c)

Missed Appointments	April	May	June	Totals
A. Total dollar amount of all customer credits paid	\$0.00	\$0.00	\$0.00	\$0.00
B. Number of customers receiving credits	0	0	0	0
C. Number of exemptions claimed for each of the categories identified in Section 732.30(e)	0	0	0	0

FCC Form 481 – Line 610 Ability To Remain Functional In An Emergency Description

SAC: 341020
State: IL
Name: Grafton Telephone Company
Submission: 10/15/2013

47 CFR §54.313(a)(6) requires an ETC to certify that it is able to function in emergency situation as set forth in 47 CFR §54.202 (a)(2).

Grafton Telephone Company complies with relevant sections for wireline ETCs in Title 83 the Illinois Administrative Code (*ILGA §730, Subpart C*) requiring it to make provisions to meet emergencies resulting from failures of commercial or power service, sudden and prolonged increases in traffic, illness of personnel, fire, storm, or other natural disasters. The company informs employees as to procedures to be followed in the event of emergency in order to prevent or minimize interruption or impairment of telecommunications service, and maintains at least 3 hours of reserve battery power.

Central Office batteries are maintained in accordance with Institute of Electrical and Electronic Engineers (IEEE) standards as adopted in Section 730.340, and generators are tested each week.

Grafton Telephone Company certifies it has complied with, and will continue to comply with applicable requirements regarding its ability to remain functional in an emergency situation as set forth in 47 CFR §54.202 (a)(2).

341020il610.pdf

Emergency Plan

Grafton Telephone Company

AC POWER OUTAGES

1. Contact Power Company at Ameren CIPS
2. If outage is during after hours contact: Ameren
3. Fixed Generator is located 119 East Main Street & 1250 Grafton Hill Drive
4. Portable Generator is located at 19942 Powerline Road (M. Arnold)
5. Follow 911 Outage Procedure

341020il610.pdf

Emergency Plan

Grafton Telephone Company

EMERGENCY COORDINATING CENTER (ECC)

GENERAL RESPONSIBILITIES:

In the event of a major emergency or disaster, the established "Outage Restoral Procedures" will be followed:

OUTAGE RESTORAL PROCEDURE

1. Contact the Dispatch Center at 618-786-3311 or After Hours 618-786-2300
 - a. The Dispatch Center will follow their procedures in notifying the Dispatch Supervisor, I & R Supervisor, Central Office Supervisor, Central Office Technician and Network Reliability
2. Contact 911 Coordinators –
 - a. Jersey County 911 – 618-498-5571
 - b. Jersey County Sheriff – 618-498-6881
 - c. QEM Fire Department – 618-786-3300
 - d. Jerseyville Police Department – 618-498-2131
3. Contact Home Telephone Company (618-644-2111), Alhambra & Grantfork Telephone Company (618-488-2165), Madison Telephone Company (618-635-3214), if needed.
4. Contact Switch Vendor: Genband –1-866-436-2263 –
Express Routing Code: 1036; Support Access ID 3898315

Dispatch for all possible personnel and equipment needed. It is better to have too much equipment and personnel on site than to require additional support later, which could lengthen the duration of the outage.

FCC Form 481 – Line 1210 Lifeline Service Terms & Conditions

SAC: 341020
State: IL
Name: Grafton Telephone Company
Submission: 10/15/2013

Grafton Telephone Company offers Lifeline service to qualifying subscribers.

- Qualifying subscribers receive Lifeline credits of \$9.25 against the regular \$21.50 monthly rate for residential local telephone service. This benefit is limited to one per qualifying household, and for service received from a single provider.
- Number of Local Minutes Provided: Unlimited local calling.
- Access to Touch Tone Service
- Access to Operator Services
- Access to Toll Blocking
- Additional Charges for Toll Calls: Toll calls are billed at carriers' standard rates.

Lifeline eligibility requires that income be no higher than 135% of the federal Poverty Guideline level, and/or participation in at one of the following programs, verified at least once each year:

- Medicaid
- Food stamps, SNAP
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- National school lunch, free lunch program
- Temporary Assistance to Needy Families (TANF)

Grafton Telephone Company's local tariff Terms and Conditions for Lifeline Service are attached.

REDACTED – FOR PUBLIC INSPECTION

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GRAFTON TELEPHONE COMPANY (SAC 341020)

ATTACHMENT – LINE 3026

ATTACHMENT REDACTED IN ENTIRETY